**U.S. News & World Report Pediatric Hospital Survey**

**Pediatric and Adolescent Behavioral Health**

**Chief of Service Approval Form**

Prior to submission of the Pediatric and Adolescent Behavioral Health Specialty, responses to the U.S. News & World Report Pediatric Hospital Survey must be reviewed by the Chiefs of Service for each sub-specialty comprising the Pediatric and Adolescent Behavioral Health Specialty. RTI requests that the Chiefs of Service for each of the following departments sign the Chief of Service Approval form.

* Adolescent Medicine
* Child and Adolescent Psychiatry
* Developmental Behavioral Pediatrics,
* Clinical Psychology

RTI understands that not all hospitals have Chiefs of Service for all four subspecialties. If your hospital does not have a Chief of Service for one of the subspecialties, please mark “N/A”.

The purpose of the review is to verify that your hospital’s responses accurately portray your care, facilities, staffing, and outcomes.

To ensure that the Chiefs of Service are fully informed, U.S. News recommends that each hospital work with its specialty chiefs to prepare, review, and approve each data element prior to submission. The survey comprises the primary source of data for the U.S. News & World Report Best Children’s Hospital rankings and other publications; careful review of all elements is therefore imperative.

U.S. News reserves the right to request additional documentation and/or take other measures as we may need necessary to support the accuracy of the submitted data.

Please complete and return the form using the following steps:

1. Print out a copy of your survey responses by clicking the **Create** **Report** link in the top right corner of the navigation menu.
2. Have your programs’ Chiefs of Service review the survey responses and sign this approval form if the responses are acceptable. If they are not acceptable, the responses should be corrected and re-reviewed before submission.
3. Return the signed approval. It can be faxed to Marshica Stanley at 919-485-5730 or returned online by clicking on the **Upload Documents** link under the “Survey” menu at the top of the website. If you have questions or need assistance, please email Ms. Stanley at [PediatricHospSurvey@rti.org](mailto:PediatricHospSurvey@rti.org) or call 866-309-4561.
4. Once the form has been received, an email will confirm that your survey responses have been successfully submitted.

**NOTE:** After the survey is submitted, you can view your survey responses using the **Create Report** link, but you will not be able to change your answers.

**Adolescent** **Medicine**

* **I have reviewed all of my program’s responses to the U.S. News & World Report 2024 Pediatric Hospital Survey and hereby attest that all such responses accurately represent the care, facilities, and outcomes for my program.**
* **N/A – My hospital does not have a Chief of Service for Adolescent Medicine.**

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**Child and Adolescent Psychiatry**

* **I have reviewed all of my program’s responses to the U.S. News & World Report 2024 Pediatric Hospital Survey and hereby attest that all such responses accurately represent the care, facilities, and outcomes for my program.**
* **N/A – My hospital does not have a Chief of Service for Child Psychiatry.**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Developmental Behavioral Pediatrics**

* **I have reviewed all of my program’s responses to the U.S. News & World Report 2024 Pediatric Hospital Survey and hereby attest that all such responses accurately represent the care, facilities, and outcomes for my program.**
* **N/A – My hospital does not have a Chief of Service for Developmental Behavioral Pediatrics.**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Child Psychology**

* **I have reviewed all of my program’s responses to the U.S. News & World Report 2024 Pediatric Hospital Survey and hereby attest that all such responses accurately represent the care, facilities, and outcomes for my program.**
* **N/A – My hospital does not have a Chief of Service for Psychology.**

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*\*We will contact you only if there is a question or concern about your hospital’s submission.*